

SPACE IS LIMITED. REGISTER EARLY!

Registration deadline: April 1

Early registration deadline (lower rates): March 15

REGISTRATION

Early registration (by March 15):

\$139 conference

\$169 including pre-conference

\$49 pre-conference only

Standard registration (by April 1):

\$159 conference

\$189 including pre-conference

\$59 pre-conference only

At the door (if space is available):

\$179 conference

\$69 pre-conference only

**Students/Eating Disorders Institute Students/
EDI Alumni:**

\$80 for two days (copy of ID required)

Conference registration fees include: morning break,
lunch, and materials.

Certificates of attendance will be awarded at the
completion of the day.

To register, return completed form with full payment to:

Eating Disorders Conference,
Attn: Mardie Burckes-Miller
Eating Disorders Institute, MSC 22
Plymouth State University
17 High Street
Plymouth NH 03264-1595

ACCOMMODATIONS

For information about accommodations, visit http://millfalls.com/inns/church_landing.htm or call (800) 622-6455. Book by March 15 and mention the conference for special rates.

QUESTIONS?

For questions about the conference or graduate credit, contact: Mardie Burckes-Miller, conference coordinator, at (603) 535-2515 or margaret@plymouth.edu.

To learn more about the conference, the Plymouth State University Eating Disorders Institute, and related programs visit plymouth.edu/graduate/eatingdisorders.

plymouth.edu/graduate/eatingdisorders

Please print all information

Please register me for:

- ☐ Conference only
☐ Conference and pre-conference
☐ Pre-conference only

I am applying for early registration ☐

Total enclosed:

\$ _____

Name: _____

Address: _____

City/State/Zip: _____

Daytime phone: _____

Evening phone: _____

E-mail: _____

Organization: _____

Please send me information about:

- ☐ Receiving graduate or undergraduate credit
for this conference
☐ MEd or Eating Disorders Institute graduate
certificate program

Payment method:

- ☐ Check payable to Plymouth State University
☐ Amex ☐ MasterCard ☐ Visa ☐ Discover

Account number: _____

Expiration date: _____

Signature: _____

Workshop choices: Please indicate first choice (1) and
second choice (2) for each session

Session I A ☐ B ☐ C ☐

Session II A ☐ B ☐ C ☐

Session III A ☐ B ☐ C ☐

